

**Rowan University  
School for Professional Studies  
Application for Internship Credit**

**Part I**

<b>Step 1:</b> Complete and sign Part 1	<b>Step 2:</b> Work with your internship supervisor to complete Part II. Internship supervisor <b>MUST</b> sign here.	<b>Step 3:</b> Submit to _____ for final approval
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Student Name: \_\_\_\_\_ Rowan ID: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 \_\_\_\_\_ Rowan Email: \_\_\_\_\_  
 Major: \_\_\_\_\_ Credit Hours Completed: \_\_\_\_\_

Total # of credits taken during internship semester\*: \_\_\_\_\_

Semester receiving credit: Fall 20\_\_ Spring 20\_\_ Summer 20\_\_

Students must submit this application before the first day of the semester in which they are receiving credit.

**Receiving Academic Credit for your Internship**

The hour requirements for the internship course are as follows: **3 credits = a minimum of 130 hours = approximately 9 hours per week**

The Internship in the School of Professional Studies will involve, but is not limited to the following assignments:

- Discussion questions, Reflection papers, Ongoing hours logs, Performance Evaluations, Summaries, List of References, Letter of Recommendation, Revised Resume, Observations, Focus Groups, Inventory, Informational Interview, Electronic Job Search Exercise, or Ethics Case Study

*I have discussed and understand some of the duties of the internship as identified above. I understand that the Internship in School of Professional Studies is a requirement for my program. I will consult with my academic advisor about credits and hours, and to determine how or if my current employer can satisfy the requirements for the internship.*

<b>Student Signature:</b> _____	<b>Date:</b> _____
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**Part II**

Title of Internship Position: \_\_\_\_\_ Internship Format: \_\_\_\_\_ Virtual \_\_\_\_\_ In-Person  
 Compensation? *If so, please describe:* \_\_\_\_\_ Planned Hours per Week: \_\_\_\_\_  
 \_\_\_\_\_ Organization Name and Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Planned Dates of Internship: \_\_\_\_\_  
 Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
 Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

*To be approved, pertinent internship documents must be submitted. Be sure to email all documents for approval and registration.*

*I have discussed with the above-named student the requirements of the internship, and I support his/her/their pursuit of academic credit for the hours completed.*

<b>Supervisor Signature:</b> _____	<b>Date:</b> _____
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**Part III**

To get approval for the internship to count as free electives, email the completed application with a list of internship responsibilities to \_\_\_\_\_ Dean at \_\_\_\_\_. If approved, you will be emailed a CRN to register in Banner for the Internship course.

<b>Student Signature:</b> _____	<b>Date:</b> _____
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